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AUTHOR Fricke, Caroline; Glasson, Mark
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ABSTRACT

This booklet provides Australians with basic information about the Acquired Immune Deficiency Syndrome (AIDS). Contents cover the definiton of AIDS, ways the disease is transmitted, Human Immunodeficiency Virus (HIV) antibody testing for adults and children, variations among children infected with HIV, information that HIV is not transmitted through the kind of casual contact that commonly occurs in child care settings, and the importance of hygiene in preventing the spread of AIDS in the child care setting. The section on hygiene gives particular attention to methods caregivers can use to deal with blood, saliva, tears, bites, faeces, urine, vomit, children's sex play, and the ritual by which children become blood brothers or sisters. Additional topics include: (1) the use of gloves; (2) reasons why individuals may or may not inform child care personnel about HIV infections; (3) development of child care policies on AIDS, hygiene, first aid, and the process of informing parents of common infectious diseases at the caregiving site. Concluding discussion asserts that a reasoned and sensible approach to the AIDS issue will provide great support to families affected by AIDS. Resources for further information are listed. (RH)

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AIDS and Child Care

A booklet for child care workers, management committees and parents

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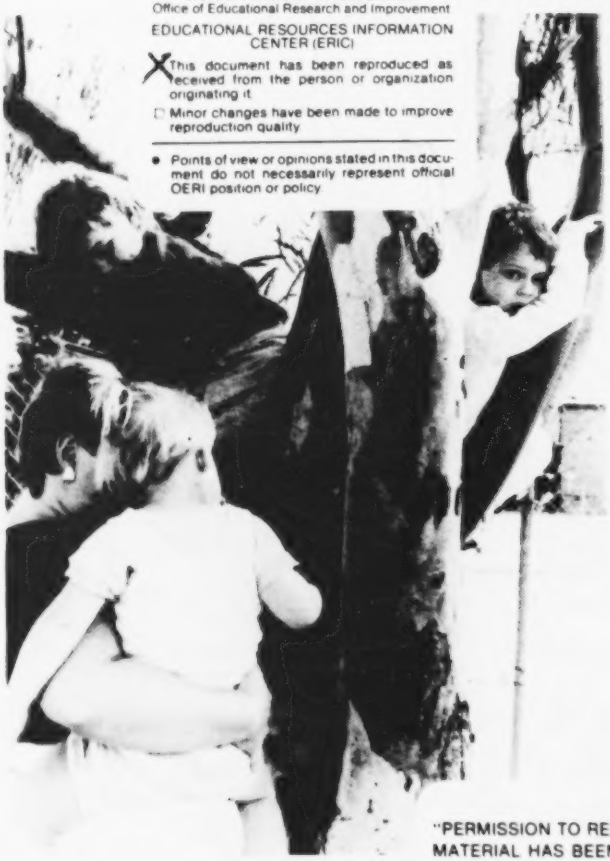

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INTRODUCTION

The idea of AIDS being a threat to children can produce highly emotional reactions. Parents fear that they cannot protect their children against this threat. Yet AIDS is probably the most preventable epidemic ever.

For some time after AIDS first appeared there was a lot of fear in the community, much of it generated through the media. Now we know how AIDS is transmitted and what we can do to prevent it being transmitted.

While fear is a natural reaction to the unknown, panic can cause unnecessary trauma to individuals and be destructive to the whole community.

We all have to learn about AIDS so that we can take the necessary precautions to protect ourselves and our children.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. It is caused by a virus called the Human Immunodeficiency Virus (HIV) and referred to as HIV in this booklet. Once a person becomes infected with HIV they have it indefinitely and may transmit it to others at any stage of infection.

HIV damages our immune system by destroying the white blood cells that normally fight off infections and prevent the spread of certain cancers. With the body's defences weakened, other infections that are usually rare or of little danger can become life-threatening. When the disease reaches this stage it is known as AIDS.

How is AIDS transmitted?

HIV can get into your bloodstream through infected semen, blood or vaginal fluids. This can occur

- through having anal or vaginal sexual intercourse without a condom
- through sharing needles and syringes for intravenous drug use
- through an infected woman passing HIV on to her baby in the womb, or possibly during the birth process or through breast-feeding
- through blood transfusion. This is not a problem in Australia anymore due to the screening process used by the Blood Bank to ensure that blood donations are free of HIV.

HIV Antibody Testing

Adults

When an adult becomes infected with HIV their body produces antibodies, usually between one and three months later. These antibodies can be readily detected in the blood. A person with antibodies to HIV is said to be HIV Antibody Positive (HIV Ab^+). Unfortunately antibodies to this virus, unlike those to most other human viruses, do not destroy it and infection persists. HIV Ab^+ people can look and feel quite well. Some, however, can move in and out of periods of ill health and feeling well. More than a third of them will go on to develop AIDS between three and seven years later according to current estimates.

Children

The HIV antibody test is more difficult to interpret in children than in adults.

There are two reasons for this. First, very young children, particularly those in the first year of life, may not produce antibodies when they are exposed to HIV because their immune systems are immature. Secondly, children born to infected HIV Ab^+ mothers may have HIV antibodies in their blood which were produced by their mothers and were transferred across the placenta during pregnancy. These "maternal antibodies" disappear after three to six months and are not necessarily indicative of active infection in the child. Nevertheless, a proportion of children born to infected mothers (between 25-50% according to overseas figures) will become infected with the virus and eventually may make their own antibodies. There is a test for the presence of HIV itself which can be used to help decide whether a child is really infected or not; at this stage, however, the test is not widely available.

These tests are not a treatment for AIDS, nor will they protect you from becoming infected with HIV.

The child infected with HIV

Some children who are infected with the virus will look and feel well and be free of symptoms.

Others may develop symptoms which will vary from child to child. Some may fail to thrive and may be small and underweight. They may have delays in their development and problems with walking. Frequent infections or the development of cancers could mean the child is in and out of child care. There will be other times when the child feels unwell and will want to stay at home.

The child's health will fluctuate and will need to be monitored by their parents and doctors, who may choose to involve others.

> As pregnancy imposes an altered state of immunity there is some question as to whether it may hasten the onset of AIDS in a woman already infected with HIV.

Can AIDS be transmitted in a Child Care Setting?

HIV is not transmitted through casual contact. You cannot become infected unless the virus gets into your blood stream. Outside a person's body it is a fragile virus, easily destroyed by exposure to air, soap, bleach, detergent, disinfectant and shaving cream.

> There is no known case anywhere in the world of HIV infection having been transmitted in child care settings or schools.

The Importance of Hygiene

Usually normal hygiene procedures will eliminate the risk of HIV being spread in the Child Care setting.

Centres need to ensure that the following procedures are carried out at all times.

- Always wash your hands
  - before preparing food
  - before eating (wash children's hands too)
  - after toileting yourself or a child
  - before and after changing nappies
  - before (if possible) and after giving First Aid.
- Wash blood, faeces and urine off your skin with warm soapy water.
- Regularly clean floors, equipment and toys.
- Clean up any spilt blood or faeces with a bleach solution of 1 part household bleach to 10 parts water.
- Cover any cuts on your skin or on a child's skin.
- If you have cuts on your hands, wear disposable gloves when dealing with faeces, urine or blood.
- If you get blood splashed in your eyes or on your face, rinse with running water for several minutes.
- Soak any bloodied clothes or implements used for First Aid for 5- 10 minutes in the recommended bleach solution (1:10).
- Wipe vinyl-covered change pads with a bleach solution (1:10) after each nappy change.
- If the nappy change pad is cloth-covered, use a roll of disposable paper towelling to provide a clean liner for each nappy change.

Blood

There is very little risk of getting HIV through giving First Aid to someone who is bleeding. Theoretically it could occur if the accident victim was HIV - infected, but only if you had an uncovered open wound or a skin disease like dermatitis and the accident victim's blood got into your bloodstream.

If you get blood on you, wash it off with soapy water as soon as possible.

Saliva and Tears

HIV has been found in saliva and tears but not in sufficient concentrations to be a risk. Given this low concentration, spitting, kissing and wiping noses are considered safe.

Biting

This has always been a concern in child care. The usual strategies to reduce biting should deal with this problem. There have been no cases in which biting has been proven as the way HIV was transmitted.

For transmission through biting to occur, a significant quantity of infected blood would have to get into the uninfected child's bloodstream. This means both children would have to be bleeding when the bite occurred or the infected child would have to be bleeding and the uninfected child have an open wound or active skin disease.

If there is a biting incident where the skin is broken, wash the bitten area thoroughly with warm soapy water, and rinse the biting child's mouth.

Faeces and Urine

Wherever blood is present, including blood found in faeces and urine, extreme care must be taken. However, because blood is not always visible in faeces and urine all bodily wastes should be handled with appropriate hygiene procedures.

There is a risk of catching other common and more easily transmitted infections like Hepatitis A or B and gastroenteritis if basic standards of hygiene are not maintained. Hygiene procedures to prevent the spread of these infectious diseases are more than adequate to prevent the spread of AIDS.

If you have a cut or lesion (e.g. dermatitis or eczema) on your hands, cover it or wear disposable gloves when dealing with faeces, urine or blood. Healthy skin provides an adequate barrier to infection so it's important to look after your skin (e.g. use hand cream after washing your hands).

Vomit

The virus is not found in vomit; gastric juices in the stomach destroy it.

Children's Sex Play

This does not carry any risk of HIV infection because before puberty boys do not produce semen and girls do not produce sufficient vaginal fluids to be infectious.

Blood Brothers and Sisters

This is a children's ritual where they deliberately cut themselves and press their wounds together to mix blood. It carries a significant risk of infection and should be strongly discouraged.

Use of Gloves

If staff use disposable gloves for nappy changing children may get the message that their bodies are unclean or untouchable. Talking and smiling, being gentle and not hurrying while changing nappies will help to off-set any negative impressions and may compensate for the loss of skin contact.

Informing the Service - Yes or No?

Assuming a person knows that they or their child is infected with HIV should they inform the director or co-ordinator?

There are a number of reasons why they might want to tell, and choose to do so:

- so that an HIV-infected person, who is particularly susceptible to infections of all kinds, can stay away temporarily when other infections occur in the service
- to involve the director in monitoring the child's health
- to allow the director to give emotional support
- so that the importance of cleaning up blood spills can be reinforced

Despite the advantages of informing the director, some parents or child care workers may fear their right to confidentiality will be breached and they will suffer unpleasant discrimination. Consequently they may decide not to inform the director.

There may be people who are unaware that they are infected with HIV and are therefore unable to inform the director.

These possibilities underline the necessity of following proper hygiene procedures at all times and establishing other appropriate policies.

Developing Policies on AIDS

Child care services should establish policies on issues relating to AIDS. These policies need to cover staff, parents and children, give direction to the staff and inform parents of the service's approach to AIDS.

Policy development cannot be properly undertaken in a context of fear and ignorance. Ideally, policies should be developed after an education programme, and before any individual in the centre becomes a personal focus in discussions of the issues and policy-making. An education program can be arranged through Community Child Care or the Health Department.

Some services may reaffirm policies of Government Departments (Family & Community Services, Health and Education). Parents and staff need to be made aware of the service's existing policies, and encouraged to take part in developing any new ones.

Community Child Care believes that AIDS-related policies should be sensitive to the needs of those affected by AIDS and recommends the following:

> **Non-Exclusion** Being infected with HIV is not grounds for exclusion of a child, parent or staff member.

This policy reflects those of the New South Wales Department of Health, Education, Family & Community Services and the Australian College of Paediatrics. Similar policies exist in all States and Territories.

Confidentiality If a staff member is told that a child or a child's parent or another staff member is infected with HIV this information **must** remain confidential.

If it is considered that other members of staff should be informed, this can only occur with the consent of the HIV infected person or the parents/guardians of the child concerned.

If parents or staff request that information remain confidential and this request is breached, legal action could ensue.

In all States and Territories of Australia, doctors have to notify AIDS cases to the relevant State Health Department. In New South Wales this information is coded to protect the individual's right to confidentiality though courts can order disclosure of identity.

In New South Wales a person who is HIV Ab + is obliged to tell their sexual partners, with a fine of $5000 for failure to do so.

Anti-Discrimination Employees, prospective employees, parents and children shall not be discriminated against on the grounds of having or being assumed to have HIV infection or AIDS.

This policy reflects the law in N.S.W. and Victoria which makes such discrimination unlawful.

This booklet contains broad information regarding legal issues associated with AIDS and child care. It is advised, therefore, that if more information is required, specific legal advice should be sought.

Hygiene This service shall at all times follow proper hygiene procedures to eliminate the risk of transmission of HIV.

First Aid No child or staff member or parent shall be denied First Aid at any time.

Informing Parents of Common Infectious Diseases in the Service All parents will be notified of any common infectious diseases in the service by signs placed in strategic positions.

It is required practice in child care to temporarily exclude children who have infectious diseases such as measles, diarrhoea or conjunctivitis etc. This will also help in the prevention of Hepatitus B which is a much greater health risk than some other diseases. It is recommended that children with uncovered skin wounds also do not attend.

This will help pregnant women, HIV-infected children and other children who have lowered immunity to infectious diseases.

The Child Care Worker's Role

The child care worker's role includes support to children and their families. A reasoned and sensible approach to the AIDS issue will provide great support to families affected by AIDS, whether they choose to inform the service or not.

This booklet has been updated and reprinted with a grant from the N.S.W. Department of Health.

Written by Caroline Fricke and Mark Glasson

Updated by Carolyn Gelenter, March 1989

Layout by Flora Jones

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FOR FURTHER INFORMATION

Community Child Care Co-Op Ltd. Level 2, 23-33 Mary St, Surry Hills NSW 2010. Tel: (02) 212 4600

The AIDS Bureau (previously AIDS Education Unit) or Department of Health in your State. N.S.W. Dept. of Health, 23rd Floor, McKell Bldg., Rawson Place, Sydney. 2000. Tel: (02) 217 5747

A range of resources are available from the AIDS Bureau including AIDSNETWORKER Newsletter

Recorded messages (24 hours)

Arabic Tel:	- 11503
Cantonese	- 11516
Greek	- 11580
Italian	- 11595
Spanish	- 11603
Vietnamese	- 11627
Croatian	-11663
Macedonian	- 11669
Khmer	- 11674
Turkish	- 11684

Albion Street (AIDS) Centre, 150-154 Albion Street, Surry Hills NSW 2010. **Tel:** 332 4000 (10.00 am - 10.00 pm) **Toll Free** 008 451600

Recorded Message (24 Hours) Tel: 11620

AIDS Council of NSW (ACON)

68 Sophia Street, Surry Hills NSW 2010 Tel: (02) 211 0499

AIDS / IVDU (Intravenous Drug Users) Project, **C.E.I.D.A.** Rozelle Hospital, Balmain Rd, Rozelle NSW 2039 Tel: (02) 818 5222. A range of resources are available from C.E.I.D.A.

Family Planning Association of NSW, 161 Broadway, Sydney NSW 2007. Tel: (02) 211 0244

Videos and books on AIDS available from **Resource Centre of F.P.A.**

RESOURCES:

Videos:

The Australian AIDS Tape Produced by and available from the AIDS Bureau (address opposite).

The Australian AIDS tape is available in the languages listed for recorded messages as well as Portugese, Polish, Lao, Korean, Farsi, Serbian and English with sub-titles for deaf people.

Spread the Word Produced by and available from the Aboriginal Medical Service, P.O. Box 174, Redfern, NSW 2016. Tel: (02) 698 1639.

AIDS - A Resource Directory (Includes interstate listings). Available from the AIDS Bureau (address opposite).

Books and Pamphlets

AIDS Information for Aborigines (includes information on AIDS and Child Sexual Assault). Available from the Aboriginal Medical Service (address above).

AIDS to Loving Relationships

Available from the Family Planning Association of NSW (address opposite).

AIDS Glossary

Available from the AIDS Bureau (address opposite).

The following pamphlets are available from The Australian National Council on AIDS (ANCA), No. 1 Chifley Square, Sydney NSW 2000.

AIDS Report

AIDS facts about Acquired Immune Deficiency Syndrome.